

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>AMERIPRISE FINANCIAL 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AMERIPRISE FINANCIAL, INC.</u> <u>360 AMERIPRISE FINANCIAL CENTER</u> <u>MINNEAPOLIS, MN 55474</u>		
1c Effective date of plan <u>10/01/2005</u>		
2b Employer Identification Number (EIN) <u>13-3180631</u>		
2c Plan Sponsor's telephone number <u>612-671-3131</u>		
2d Business code (see instructions) <u>523900</u>		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/19/2023	MICHELLE RUDLONG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/19/2023	BRENT SABIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor AMERIPRISE FINANCIAL, INC. EMPLOYEE BENEFITS ADMINISTRATION COMMITTEE 360 AMERIPRISE FINANCIAL CENTER MINNEAPOLIS, MN 55474	3b Administrator's EIN 20-5069670 3c Administrator's telephone number 612-671-8617
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 12597
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 9092 6a(2) 9313 6b 0 6c 3352 6d 12665 6e 42 6f 12707 6g 12021 6h 569
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2O 2R 2T 3F 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AMERIPRISE FINANCIAL 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE FINANCIAL, INC.	D Employer Identification Number (EIN) 13-3180631	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERIPRISE TRUST CO.
41-6219335

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WELLINGTON TRUST CO. NA
04-2755549

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BOSTON PARTNERS TRUST CO
26-4550044

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA INVESTMENT TRUST CO.
06-1440627

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SEI TRUST CO.

06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

IVY INVESTMENT MANAGEMENT COMPANY

03-0481447

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ROYAL BANK OF CANADA

13-5357855

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN UNITED LIFE

35-0145825

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN GENERAL (AIG)

13-3389410

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

LINCOLN NATIONAL

35-1472300

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JP MORGAN CHASE

13-4994650

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRANSAMERICA

52-0419790

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PACIFIC LIFE INSURANCE COMPANY

95-1079000

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL

22-1211670

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GLOBAL TRUST CO

26-3761443

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ALLSPRING MANAGEMENT LLC

94-3382001

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BOSTON PARTNERS GLOBAL INVESTMENTS

98-0202744

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK INST TRUST COMPANY

94-3112180

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JOHN HANCOCK

16-1611843

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GQG PARTNERS INTERNATIONAL EQUITY

82-6253445

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

RELIANCE TRUST COMPANY

58-1428634

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BNY MELLON

13-5160382

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 50 61	RECORDKEEPER	721003	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

CONGRESS ASSET MANAGEMENT

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 72	INVESTMENT MANAGER	495841	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PERSHING LLC

13-2741729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 61 71 99	WINDOW CLEARING AGENT	0	Yes ☒ No ☐	Yes ☒ No ☐	476247	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 61 63	BROKER	109896	Yes ☒ No ☐	Yes ☒ No ☐	170226	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

PRINCIPAL TRUST CO

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 25 50	TRUSTEE CUSTODIAN	146456	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON INVESTMENT SERVICES

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTANT	111250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 25 28 50	TRUSTEE CUSTODIAN	44538	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	61	31720

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PERSHING LLC 13-2741729	FINDER'S FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	63	138506

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MULTIPLE MUTUAL FUND COMPANIES 82-1061233	AGGREGATED INVESTMENT MANAGER FUNDFEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	59	23883

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	SHAREHOLDER SERVICING FEES

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	61	370201
(d) Enter name and EIN (address) of source of indirect compensation MULTIPLE MUTUAL FUND COMPANIES 13-2741729		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. FINDER'S FEES		
(a) Enter service provider name as it appears on line 2		
PERSHING LLC	71	65435
(d) Enter name and EIN (address) of source of indirect compensation MULTIPLE MUTUAL FUND COMPANIES 13-2741729		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SECURITIES BROKERAGE COMMISSIONS AND FEES		
(a) Enter service provider name as it appears on line 2		
PERSHING LLC	99	16728
(d) Enter name and EIN (address) of source of indirect compensation MULTIPLE MUTUAL FUND COMPANIES 13-2741729		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. OTHER FEES		

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AMERIPRISE FINANCIAL 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AMERIPRISE FINANCIAL, INC.	D Employer Identification Number (EIN) 13-3180631	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST GOVT MONEY MARKET FD		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY		
c EIN-PN 41-0007957-109	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10529729
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON TRUST LARGE CAP GROWTH		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST CO., NA		
c EIN-PN 04-6913417-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132099096
a Name of MTIA, CCT, PSA, or 103-12 IE: IVY INTERNATIONAL CORE EQUITY FUND		
b Name of sponsor of entity listed in (a): SEI TRUST CO.		
c EIN-PN 45-3036374-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CT BALANCED FUND (CLASS I)		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY		
c EIN-PN 41-6219335-110	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: CT CONTRARIAN CORE FUND 1		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY		
c EIN-PN 41-6219335-111	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176459307
a Name of MTIA, CCT, PSA, or 103-12 IE: CT TOTAL RETURN BOND FUND		
b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY		
c EIN-PN 41-6219335-099	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84848493
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST INCOME		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-051	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44154374

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2025		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-054	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60463969
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2030		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-055	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89507936
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2035		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-056	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80837824
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2040		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75949678
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2045		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-058	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65785350
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2050		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-059	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38317673
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2055		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-060	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24485680
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION 2060		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-086	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13030367
a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA TARGET SOLUTION TRUST 2065		
b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.		
c EIN-PN 06-1440627-097	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3430003
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PRNRS LRG CAP VAL EQUITY FD		
b Name of sponsor of entity listed in (a): BNY MELLON TRUST OF DELAWARE		
c EIN-PN 61-1603964-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116661455

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SMALL CAP VALUE		
b Name of sponsor of entity listed in (a): VICTORY CAPITAL COLLECTIVE INV TRST		
c EIN-PN 80-6249702-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80724460
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-4365907-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219792254
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK RUSSELL 2500 INDEX FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 46-1431095-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27954556
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EX-US INDEX FUN		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 45-4431087-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26457775
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT INDEX FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3385892-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15394846
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL/BLACKROCK STIF		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 41-6292499-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10948996
a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS INTERNATIONAL EQUITY		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6253445-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 106141966
a Name of MTIA, CCT, PSA, or 103-12 IE: EB US MID CAP OPPORTUNISTIC VALUE		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-264	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1510
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>AMERIPRISE FINANCIAL 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERIPRISE FINANCIAL, INC.</u>	D Employer Identification Number (EIN) <u>13-3180631</u>	

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash.....		1a	3790763	948646
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....		1b(1)	5243027	5264099
(2) Participant contributions.....		1b(2)		
(3) Other.....		1b(3)	2068019	1586905
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	74949797	81977135
(2) U.S. Government securities		1c(2)		
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)		
(B) All other		1c(3)(B)		
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)		
(B) Common.....		1c(4)(B)	164221762	119408653
(5) Partnership/joint venture interests		1c(5)		
(6) Real estate (other than employer real property)		1c(6)		
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans.....		1c(8)	26864409	27402335
(9) Value of interest in common/collective trusts.....		1c(9)	1820096776	1503977297
(10) Value of interest in pooled separate accounts		1c(10)		
(11) Value of interest in master trust investment accounts.....		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	573641982	462752086
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)		
(15) Other		1c(15)	165202063	114837592

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	350573724	351762162
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3186652322	2669916910

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	35472805	1678912
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	35472805	1678912

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	3151179517	2668237998
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	63306817	
(B) Participants.....	2a(1)(B)	124145197	
(C) Others (including rollovers).....	2a(1)(C)	9047985	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		196499999

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	586809	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	1020379	
(F) Other.....	2b(1)(F)	1745502	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3352690

(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	6980390	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13111567	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		20091957

(3) Rents.....	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	32637652	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	44054272	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-11416620

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-15318313	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-15318313

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-324660069
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-125732243
c Other income	2c		-12992863
d Total income. Add all income amounts in column (b) and enter total	2d		-270175462
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	211252003	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		211252003
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	997794	
(3) Investment advisory and management fees	2i(3)	516260	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1514054
j Total expenses. Add all expense amounts in column (b) and enter total	2j		212766057
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-482941519
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS

(2) EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		410000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AMERIPRISE FINANCIAL 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE FINANCIAL, INC.		D Employer Identification Number (EIN) 13-3180631
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 41-6257133 51-0099493		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☒ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☒ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549**

FORM 11-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

For the year ended December 31, 2022

Or

☐ **TRANSITION REPORT PURSUANT TO SECTION 15 (d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

For the Transition Period from _____ to _____

Commission file number 1-32525

A. Full title of the plan and the address of the plan, if different from that of the issuer
named below:

AMERIPRISE FINANCIAL 401(k) PLAN

B. Name of issuer of the securities held pursuant to the plan and the address of its principal
executive office:

**AMERIPRISE FINANCIAL, INC.
55 Ameriprise Financial Center
Minneapolis, MN 55474**

**Ameriprise Financial 401(k) Plan
Financial Statements and Supplemental Schedule**

December 31, 2022 and 2021

with Report of Independent Registered Public Accounting Firm

Ameriprise Financial 401(k) Plan Form 11-K

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Report of Independent Auditors

To the Administrator of Ameriprise Financial 401(k) Plan

Opinion

We have audited the accompanying financial statements of Ameriprise Financial 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, including the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute

assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, Line 4i — Schedule of Assets (Held at End of Year) as of December 31, 2022 ("supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

PricewaterhouseCoopers LLP

Minneapolis, Minnesota
June 22, 2023

Ameriprise Financial 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2022	2021
Assets		
Cash	\$ 77,157	\$ 728,853
Investments at fair value	2,479,440,517	2,954,738,203
Investments at contract value	169,191,423	167,440,037
Receivables:		
Accrued income	72,981	51,198
Due from broker	1,513,924	1,684,153
Employer contributions	5,264,099	5,243,027
Participant loans	27,590,582	27,058,208
Total assets	2,683,150,683	3,156,943,679
Liabilities		
Due to broker	1,678,912	5,509,337
Accrued expenses	—	81,784
Total liabilities	1,678,912	5,591,121
Net assets available for benefits at end of year	<u>\$ 2,681,471,771</u>	<u>\$ 3,151,352,558</u>

See Notes to Financial Statements.

Ameriprise Financial 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2022	2021
Contributions:		
Employer, net of forfeitures	\$ 63,306,817	\$ 55,267,004
Participant	124,145,197	118,560,585
Participant rollovers	9,047,985	10,720,524
Total contributions	196,499,999	184,548,113
Investment income:		
Interest	2,332,311	1,720,274
Dividends	20,091,957	11,998,208
Net realized/unrealized appreciation (depreciation)	(477,127,245)	522,812,352
Total investment income (loss)	(454,702,977)	536,530,834
Other income	73,421	77,545
Interest on participant loans	1,020,379	1,172,626
Total additions	(257,109,178)	722,329,118
Deductions:		
Administrative expenses	1,514,054	1,014,611
Withdrawal payments	211,257,555	242,117,937
Total deductions	212,771,609	243,132,548
Net increase (decrease) in net assets available for benefits	(469,880,787)	479,196,570
Net assets available for benefits at beginning of year	3,151,352,558	2,672,155,988
Net assets available for benefits at end of year	<u>\$ 2,681,471,771</u>	<u>\$ 3,151,352,558</u>

See Notes to Financial Statements.

Ameriprise Financial 401(k) Plan
Notes to Financial Statements
December 31, 2022

1. Description of the Plan

General

The Ameriprise Financial 401(k) Plan (the “Plan”), which became effective October 1, 2005, is a defined contribution plan. Under the terms of the Plan, certain regular full-time and part-time employees of Ameriprise Financial, Inc. and its participating subsidiaries (the “Company”) can make contributions to the Plan and are eligible to receive Company contributions beginning with the pay period in which they complete 60 days of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The following is not a comprehensive description of the Plan, and therefore, does not include all situations and limitations covered by the Plan. Participants should refer to the Plan document for more complete information.

Recordkeeping and Trustee of Plan Assets

Alight Solutions is the Plan’s recordkeeper, including the self-directed brokerage account. In July 2019, the Principal Financial Group closed on the acquisition of the Institutional Retirement & Trust business of Wells Fargo Bank, N.A. The successor trustee became Principal Custody Solutions effective February 22, 2022. Prior to February 22, 2022, Wells Fargo Bank, N.A. remained trustee of the plan. Information for the period before the transfer to Principal Custody Solutions on February 22, 2022 was provided by Wells Fargo Bank, N.A. The Plan is administered by the Ameriprise Financial Employee Benefits Administration Committee (“EBAC”). The Ameriprise Financial 401(k) Investment Committee (“KIC”) selects and monitors the investment options offered to participants under the Plan and oversees matters related to Plan investments (excluding the Ameriprise Financial Stock Fund and investments selected by participants under the self-directed brokerage account). Members of the EBAC and KIC are appointed by fiduciaries as specified in the Plan.

Contributions

Elective Contributions

Each pay period, eligible participants may make pretax and/or Roth 401(k) contributions (up to 80% of eligible compensation), and after-tax contributions (up to 10% of eligible compensation) or a combination of any of the three, not to exceed 80% of their eligible compensation to the Plan through payroll deductions. The Internal Revenue Code of 1986, as amended (the “Code”), imposes a limitation on participants’ pretax and Roth contributions to plans that are qualified under Code Section 401(k) and other specified tax favored plans. This limit was \$20,500 and \$19,500 for 2022 and 2021, respectively for employees under age 50. For employees age 50 and older the limit was \$27,000 and \$26,000 for 2022 and 2021, respectively. The Plan complied with nondiscrimination requirements under the Code for both 2022 and 2021.

Fixed Match Contributions

The Company matches 100% of the first 5% of eligible compensation an employee contributes on a pretax and/or Roth 401(k) basis for each pay period. At the end of each year, the Company completes a fixed match true-up for qualifying participants to ensure the fixed match contribution provided by the Company is equal to the lesser of 5% of eligible compensation or the participants’ annual deferral rate average. Participants must be employed on the last business day of the Plan year or have terminated employment, generally due to retirement (at or after age 65), disability (as defined in the Plan), transfer to Franchise Advisor role or death to receive a true-up contribution.

The Company provides a Company Base Contribution of 2% of eligible compensation each pay period for certain employees not eligible to participate in the Ameriprise Financial Retirement Plan. The Company Base Contribution is invested based on the employee’s elections or a default fund if no elections are made and eligible employees are not required to elect to save their own money to receive this contribution.

Limit on Contributions

For purposes of the Plan, eligible compensation is a participant’s regular cash compensation up to \$305,000 and \$290,000 for 2022 and 2021, respectively, before tax deductions and certain other withholdings. Eligible compensation for all employees includes performance related cash bonuses, overtime, commissions and certain other amounts in addition to regular earnings.

Rollover Contributions

A rollover is a transfer to the Plan of a qualified distribution in accordance with the provisions of the Plan. Rollovers into the Plan are not eligible for Company match contributions.

Vesting

Participants are immediately vested in their pretax, Roth 401(k), after-tax, and rollover contributions and any income and appreciation on such contributions. Company contributions are vested on a five-year graded schedule of 20% per year of service with the Company or if the participant attains age 65 as an active employee, becomes disabled or deceased while employed.

Ameriprise Financial 401(k) Plan
Notes to Financial Statements (continued)
December 31, 2022

Forfeitures

Forfeitures are transferred to a forfeiture account, which is maintained for the benefit of the Plan as a whole and is not attributable to any given participant. The balance of the forfeiture account may be used to pay plan expenses, offset the Company's obligation to fund Company contributions to the plan or restore previously forfeited balances for rehires. At December 31, 2022 and 2021, the forfeiture account totaled \$118,115 and \$118,230, respectively. Forfeitures used totaled \$2,074,206 and \$2,552,483 for 2022 and 2021, respectively. Forfeitures generated for the plan years ended December 31, 2022 and 2021 were \$2,074,091 and \$2,598,865, respectively.

Tax Status

As long as the Plan remains qualified and tax exempt, amounts invested in the Plan through participant and Company contributions and rollovers, as well as any income and appreciation on such amounts, are not subject to federal income tax until distributed to the participant. See Note 8 for additional information on the Plan's tax status.

Distributions and Withdrawals

If employment ends, participants are eligible to receive a distribution of their vested account balance. Participants (or their beneficiaries) may elect to receive their accounts as a single lump-sum distribution in cash, whole shares of common stock, mutual fund shares held under the self-directed brokerage account, or a combination of cash and shares. Partial payments may be available to participants who meet certain requirements set forth in the Plan document. The Plan will pay out vested balances of \$5,000 or less as a lump sum payment within 60 days of termination of employment. Balances of less than \$1,000 will be paid directly to the participant and balances of \$1,000 to \$5,000 will be rolled over to a safe harbor IRA. Terminated participants with balances greater than \$5,000 can defer payment until age 72.

Participants may be eligible to request an in-service withdrawal of all or a portion of their vested account balance subject to limitations under the terms of the Plan and certain tax penalties imposed by the Code. Participants may elect to receive their withdrawal in cash, whole shares of common stock, mutual fund shares held under the self-directed brokerage account, or a combination of cash and shares.

Loan Program

Participants may borrow from their fund accounts a minimum of \$500 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The administrative loan origination fee of \$75 per loan is paid by the participant and is deducted from the proceeds of the loan. Loan terms range up to 59 months unless the loan is used towards the purchase of a primary residence in which case the loan terms can range up to 359 months. The loans are secured by the balance in the participant's account and bear a fixed interest rate of the prime rate as reported in the Wall Street Journal on the 15th of the month before the date the loan is originated. Principal and interest payments are deducted automatically from the participant's pay each period.

If the participant's employment with the Company ends for any reason, and their Plan loan is current, the Plan allows the participant to make repayment arrangements with the Plan's Administrative Delegate before their loan would otherwise default. If so requested, upon the participant's termination, the participant's loan will be re-amortized to a monthly repayment schedule.

If the participant's employment with the Company ends for any reason, and they have a Plan loan, they have the option to continue to make loan payments or pay off the loan in full within 90 days in order to prevent a default and acceleration due to non-payment. If the outstanding loan is not paid in full within 90 days from separation from service or an alternative arrangement is not made, the loan will automatically be foreclosed and the amount outstanding will be immediately deducted from the benefit payable to the plan participant from the Plan. The amount deducted will be treated as a distribution to that participant regardless of whether they elected to receive a distribution of their vested Plan account. Unless the outstanding loan amount was previously taxed as a "deemed distribution," the participant will then be responsible for any income taxes on the amount of the outstanding loan balance and possibly a 10% additional penalty tax that applies to early distributions.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Ameriprise Financial 401(k) Plan
Notes to Financial Statements (continued)
December 31, 2022

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (“GAAP”) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Plan Fees and Expenses

Administrative expenses, which may include recordkeeping, participant servicing, legal fees, trustee fees, loan origination fees, fees incurred within the self-directed brokerage account and investment consulting fees, among other expenses, are paid by Plan participants and recorded as incurred, unless paid by the Company. The Company currently pays a portion of the administrative expenses, including fees of the auditors, legal fees and certain investment managers.

Fees paid to investment managers are paid from the fees associated with the investment options offered by the Plan, unless paid by the Company. In addition, expenses related to the investment of the Plan funds, for example, brokerage commissions, stock transfer or other taxes and charges incurred for the purchase or sale of the funds’ investments, as opposed to administrative expenses, are generally paid by the Plan participants out of the applicable investment. Fees paid out of an investment reduce the return of that investment.

A flat fee of \$21 per quarter is charged to participant accounts with a balance of \$5,000 or more (including loan balances). It is deducted proportionately from the participant’s investment options on a quarterly basis. The fee is deposited in the dedicated expense account and may be used to pay eligible administrative expenses of the Plan. As permitted under U.S. Securities and Exchange Commission rule 12b-1, mutual funds or share classes are assessed a fee to help cover the costs associated with marketing and selling the fund (“12b-1 fees”). The 12b-1 fees may also be used to cover shareholder servicing expenses. The only 12b-1 fees incurred are on certain self-directed brokerage funds.

Other Income

Other income includes a rebate of a portion of revenue sharing payments made to the Plan from a portion of the 12b-1 fees incurred from certain funds within the self-directed brokerage account. These payments are deposited in the dedicated expense account and may be used to pay eligible administrative expenses of the Plan. Other income is recorded when earned.

Valuation of Investments and Income Recognition

Investments are reported at fair value, with the exception of fully benefit-responsive investment contracts which are reported at contract value. See Note 4 and Note 5 for the Plan’s accounting policies related to the fully benefit-responsive investment contracts and the valuation of investments, respectively.

Purchases and sales of securities are reflected on a trade-date basis. The cost of securities sold is determined using the average cost method. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned. As required by the Plan, all dividend and interest income is reinvested into the same investment funds in which the dividends and interest arose. Net appreciation (depreciation) includes the Plan’s gains and losses on investments bought and sold as well as the change in fair value of assets.

Participant Loans

Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest, which is a reasonable estimate of fair value due to restrictions on the transfers of these loans. Interest income on participant loans is recorded when it is earned.

Withdrawal Payments

Withdrawal payments are recorded when paid.

3. Investments

Investment Elections

A participant may currently elect to invest contributions in any combination of investment funds in increments of 1% and change investment elections for future contributions or transfer existing account balances on any business day the New York Stock Exchange is open. Investment funds may impose redemption restrictions.

Investment Options

A summary of investment options as of December 31, 2022 and 2021 is set forth below.

Mutual Funds

Mutual funds include the Allspring Small Company Growth R6 fund and the John Hancock Disciplined Value Mid Cap Fund R6.

Collective Investment Funds

The Collective Investment Funds include various investment options as follows: VOYA Target Solution Trust Funds, Victory Small Cap Value Collective Fund (75), Boston Partners Large Cap Value Equity CIT (Class F), Wellington Trust NA CIF II Growth 2, GQG

Ameriprise Financial 401(k) Plan
Notes to Financial Statements (continued)
December 31, 2022

Partners International Equity CIT Fund (Class C), Columbia Trust Contrarian Core Fund, Columbia Trust Total Return Fund I, BlackRock US Equity Index Fund, BlackRock Russell 2500 Index Fund, BlackRock MSCI ACWI ex-US Index Fund and BlackRock US Debt Index Fund.

Collective investment funds allow for daily redemptions but may require advance notice in certain circumstances. There were no unfunded commitments for the Collective Investment Funds as of December 31, 2022 and 2021.

Separate Managed Account

The Congress Mid Cap Growth Fund is a separate account managed by Congress Asset Management Company. The fund invests at least 80% of its net assets in equity securities of mid-capitalization companies. The remaining 20% of its net assets can be invested in equity securities of small-capitalization and large-capitalization companies.

Ameriprise Financial Stock Fund

The Ameriprise Financial Stock Fund is an Employee Stock Ownership Plan (“ESOP”) that invests primarily in the Company’s common stock, purchased in either the open market or directly from the Company, and in cash or short-term cash equivalents.

Self-Directed Brokerage Account

The Plan’s self-directed brokerage option gives participants the choice to invest in more than 14,000 mutual funds including exchange-traded funds and closed-ended mutual funds. Ameriprise Financial, Inc. was formerly a wholly owned subsidiary of American Express Company (“American Express”). On September 30, 2005, Ameriprise Financial, Inc. spun-off from American Express. As a result, American Express common stock was an investment option as specified by the Plan. Employees had the option to transfer the value of the American Express common stock to another investment in the Plan or transfer it to the self-directed brokerage option. American Express common stock may be held in the self-directed brokerage account on a hold or sell basis only and, with the exception of reinvestment of dividends, new purchases are not allowed.

Income Fund

The Income Fund is a stable value separately managed account which invests primarily in various book value wrap contracts with varying maturities, sizes and yields, offered by insurance companies, banks or financial institutions, which are backed by fixed income securities issued by the U.S. government and its agencies. See Note 4 for a more comprehensive discussion of book value wrap contracts. Ameriprise Trust Company is the investment manager for the Income Fund. The Income Fund also invests in the Columbia Trust Government Money Market Fund (which invests primarily in short-term debt instruments issued by the U.S. government and its agencies). The investment objective of the Income Fund is to preserve principal and income, while maximizing current income. There is no assurance that the Income Fund will meet its objective.

4. Book Value Wrap Contracts

Book value wrap contracts are fully benefit-responsive and comprised of both an investment and a contractual component. The investment component consists of a portfolio of actively managed fixed income securities and of units of a money market collective investment fund, referred to as the Covered Assets, which may be owned by the Income Fund. The Covered Assets include U.S. government and agency bonds and mortgage backed securities issued or guaranteed by the U.S. government. The Income Fund enters into book value wrap contracts (the contractual component) with third parties, generally insurance companies, banks or financial institutions, to underwrite the performance of the Covered Assets from the risk of adverse interest rate movements. Under these contracts, the third party is obligated to provide sufficient funds to cover participant benefit withdrawals and certain types of investment transfers regardless of the market value of the Covered Assets. While the contracts are designed to protect the Income Fund against interest rate risk, the Income Fund is still exposed to risk if issuers of Covered Assets default on payment of interest or principal or upon the occurrence of certain events, described below, involving the Income Fund, its plan sponsor or its investment manager.

Fully benefit-responsive book value wrap contracts held by a separately managed account created for a defined contribution plan are reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive book value wrap contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents the face amount of the contract plus accrued interest at the contract rate.

Certain events may limit the ability of the Income Fund to transact at contract value with the book value wrap contract issuers for participant benefit payments or investment transfers. Possible events include a transfer from the Income Fund in violation of the equity wash required by the book value wrap contracts. An equity wash restriction prohibits money from being moved directly from the Income Fund to the self-directed brokerage account, without first being invested in another investment fund for 90 days. After the 90 days, the assets may be transferred from the other investment fund to the self-directed brokerage account. Other possible events include participant-directed withdrawals that occur due to a plan sponsor-initiated event, such as the implementation of an early

Ameriprise Financial 401(k) Plan
Notes to Financial Statements (continued)
December 31, 2022

retirement program or facility closing, of which the book value wrap contract issuer has not been made aware, or a request by the trustee to terminate a contract at market value. While these events are not probable, it is possible that they could occur.

Certain events may allow the book value wrap contract issuer to terminate a book value wrap contract and settle at the market value of the Covered Assets, as opposed to contract value. These events may include the termination of the Plan or the Trust holding the Income Fund assets, the replacement of the trustee of the Income Fund without the consent of the book value wrap contract issuer, a change in the investment guidelines, administration or policies of the Income Fund that may cause a material adverse effect on the book value wrap contract issuer, a breach of the contract terms by a counterparty, a legal or regulatory event such as a ruling by a regulatory agency governing the Income Fund, its investment manager or the book value wrap contract issuer that may cause material adverse effect to a party under the book value wrap contract, or the failure of the Trust to be tax-exempt under the Internal Revenue Code.

5. Fair Value Measurements

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; that is, an exit price. The exit price assumes the asset or liability is not exchanged subject to a forced liquidation or distressed sale.

Valuation Hierarchy

The Plan categorizes its fair value measurements according to a three-level hierarchy. The hierarchy prioritizes the inputs used by the Plan's valuation techniques. A level is assigned to each fair value measurement based on the lowest level input that is significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are defined as follows:

- Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets that are accessible at the measurement date.
- Level 2 Prices or valuations based on observable inputs other than quoted prices in active markets for identical assets and liabilities.
- Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The following tables present the balances of assets measured at fair value on a recurring basis:

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Investments				
Mutual funds	\$ 130,266,946	\$ —	\$ —	\$ 130,266,946
Ameriprise Financial common shares	351,762,162	—	—	351,762,162
Self-directed brokerage account	391,101,202	—	—	391,101,202
Common Stock	96,333,250	5,999,660	—	102,332,910
Collective investment funds measured at net asset value ("NAV") ⁽¹⁾				1,503,977,297
Total investments at fair value	<u>\$ 969,463,560</u>	<u>\$ 5,999,660</u>	<u>\$ —</u>	<u>\$ 2,479,440,517</u>

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Investments				
Mutual funds	\$ 151,684,651	\$ —	\$ —	\$ 151,684,651
Ameriprise Financial common shares	350,573,724	—	—	350,573,724
Self-directed brokerage account	488,939,210	—	—	488,939,210
Common Stock	135,374,532	8,069,310	—	143,443,842
Collective investment funds measured at NAV ⁽¹⁾				1,820,096,776
Total investments at fair value	<u>\$ 1,126,572,117</u>	<u>\$ 8,069,310</u>	<u>\$ —</u>	<u>\$ 2,954,738,203</u>

⁽¹⁾ Amounts are comprised of investments measured at fair value using NAV (or its equivalent) as a practical expedient and have not been classified within the fair value hierarchy.

Determination of Fair Value

The Plan uses valuation techniques consistent with the market approach to measure the fair value of its assets. The Plan's market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs. All other assets of the Plan are valued using NAV.

Ameriprise Financial 401(k) Plan
Notes to Financial Statements (continued)
December 31, 2022

The following is a description of the valuation techniques used to measure fair value and the general classification of these instruments pursuant to the fair value hierarchy.

Investments

Mutual Funds

The fair value of the Allspring Small Company Growth R6 fund and the John Hancock Disciplined Value Mid Cap Fund R6 are determined by the NAV which represents the exit price. The fair value is classified as Level 1 as the funds are traded in active markets and quoted prices are available.

Ameriprise Financial Common Shares

The fair value of Ameriprise Financial, Inc. common shares is determined using quoted prices in active markets and is classified as Level 1.

Self-Directed Brokerage Account

Actively traded money market funds are measured at NAV and classified as Level 1. The fair value of common stock and exchange-traded funds are determined using quoted prices in active markets and are classified as Level 1. The fair value of mutual funds is determined by the NAV which represents the exit price. Mutual funds are classified as Level 1 as they are traded in active markets and quoted prices are available.

Common Stock

The fair value of common stock classified as Level 1 is determined using quoted prices in active markets and the fair value of common stock classified as Level 2 is determined based on a market approach using observable inputs.

Collective Investment Funds

The fair value of collective investment funds is determined by the NAV of the funds. The NAV is used as a practical expedient and represents the exit price for the funds. These funds are excluded from classification in the fair value hierarchy. Collective investment funds are traded in principal-to-principal markets with little publicly released pricing information.

6. Transactions with Parties-in-Interest

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. Parties-in-interest include the Company, the trustee of the Plan assets (Principal Custody Solutions as of February 22, 2022; Wells Fargo Bank, N.A. prior to February 22, 2022) and the Plan's recordkeeper (Alight Solutions). Transactions involving funds managed by the Company, trustee and recordkeeper are considered party-in-interest transactions. These transactions, based on customary and reasonable rates, are not, however, considered prohibited transactions under Section 408(b) of ERISA and the regulations promulgated thereunder.

The Columbia Trust collective funds are maintained by Ameriprise Trust Company, a Minnesota-chartered trust company, and distributed by Columbia Management Investment Distributors, Inc., member FINRA. Ameriprise Trust Company serves as trustee and offers investment management and related services to these collective funds. Columbia Management Investment Advisers, LLC provides investment advice for certain of these funds in a subadvisory capacity. These companies are wholly-owned subsidiaries of Ameriprise Financial, Inc.

The total fair value of Ameriprise Financial, Inc.'s common stock held by plan participants was \$351,762,162 and \$350,573,724 as of December 31, 2022 and 2021, respectively. The total fair value of the investment options, excluding the self-directed brokerage account, managed by subsidiaries of Ameriprise Financial, Inc. was \$271,837,529 and \$431,500,307 as of December 31, 2022 and 2021, respectively. The investments at contract value managed by subsidiaries of Ameriprise Financial, Inc. was \$169,191,423 and \$167,440,037 as of December 31, 2022 and 2021, respectively. As investment manager, these subsidiaries earn annual management fees ranging from 0.14% to 0.32% of the amounts invested in the Collective Investment Funds. Fees incurred for investment management services for the Income Fund, excluding fees associated with wrap contracts which are paid by the Plan, are paid directly by the Company. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each collective investment fund. Participant loans also qualify as party-in-interest transactions and are secured by the vested balances in participant accounts.

See Note 2 for more information on Plan fees and expenses.

7. Risks and Uncertainties

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Ameriprise Financial 401(k) Plan
Notes to Financial Statements (continued)
December 31, 2022

8. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service (“IRS”) dated September 7, 2017 indicating that the Plan is qualified under the Code, the related trust established under the Plan is tax-exempt and the Plan satisfies the requirement of Code Section 4975(e)(7). The Plan has been amended after the period covered by the determination letter. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes the Plan, as amended, is currently designed and operated in compliance with the applicable requirements of the Code, and therefore the Plan and the related trust are intended to be qualified and tax-exempt, and the Plan is intended to satisfy the requirements of Code Section 4975(e)(7). The IRS no longer issues determination letters to qualified plans on a five-year cycle to evidence compliance with IRS rules.

There are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan’s financial statements. The Plan is subject to routine audits by tax jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan believes it is no longer subject to income tax examinations for years prior to 2019.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of amounts reported in the financial statements to amounts reported on Form 5500:

	December 31,	
	2022	2021
Net assets available for benefits per the financial statements	\$ 2,681,471,771	\$ 3,151,352,558
Deemed distributions of participant loans	(188,247)	(193,799)
Difference between contract value and fair value of fully benefit-responsive investment contracts	(13,045,526)	20,758
Net assets available for benefits per Form 5500	<u>\$ 2,668,237,998</u>	<u>\$ 3,151,179,517</u>
	Years Ended December 31,	
	2022	2021
Net increase (decrease) in net assets available for benefits per the financial statements	\$ (469,880,787)	\$ 479,196,570
Change in deemed distributions of participant loans	5,552	54,279
Change in difference between contract value and fair value of fully benefit-responsive investment contracts	(13,066,284)	(3,381,244)
Net income (loss) per Form 5500	<u>\$ (482,941,519)</u>	<u>\$ 475,869,605</u>

10. Subsequent Events

The Company evaluated events or transactions that occurred after the statement of net assets available for benefits date for potential recognition or disclosure through the date the financial statements were issued. The annual fixed match true-up contribution of \$5,264,099 for the 2022 plan year, which is recorded as a receivable as of December 31, 2022, was posted to participant accounts on January 20, 2023.

Ameriprise Financial 401(k) Plan
SUPPLEMENTAL SCHEDULE

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	Mutual Funds —			
	Allspring Small Company Growth R6	2,006,981		\$ 64,504,373
	John Hancock Disciplined Value Mid Cap Fund R6	2,695,187		65,762,573
	Total Mutual Funds			130,266,946
	Collective Investment Funds —			
	GQG Partners International Equity (Class C)	8,643,483		106,141,966
*	Columbia Trust Contrarian Core Fund	21,467,069		176,459,307
*	Columbia Trust Gov Money Market Fund	10,529,729		10,529,729
*	Columbia Trust Total Return Fund I	7,959,521		84,848,493
	Boston Partners Large Cap Value Equity CIT (Class D)	3,819,956		116,661,455
	Victory Small Cap Value Collective Fund (75)	1,843,289		80,724,460
	VOYA Target Solution Trust Income (Class 4)	2,773,156		44,154,374
	VOYA Target Solution Trust 2025 (Class 4)	3,025,420		60,463,969
	VOYA Target Solution Trust 2030 (Class 4)	4,167,647		89,507,936
	VOYA Target Solution Trust 2035 (Class 4)	3,553,152		80,837,824
	VOYA Target Solution Trust 2040 (Class 4)	3,136,809		75,949,678
	VOYA Target Solution Trust 2045 (Class 4)	2,627,196		65,785,350
	VOYA Target Solution Trust 2050 (Class 4)	1,533,133		38,317,673
	VOYA Target Solution Trust 2055 (Class 4)	976,425		24,485,680
	VOYA Target Solution Trust 2060 (Class 4)	730,004		13,030,367
	VOYA Target Solution Trust 2065 (Class 4)	307,581		3,430,003
	Wellington Trust NA CIF II Growth 2	6,681,795		132,099,096
	BlackRock US Equity Index Fund	6,486,092		219,792,254
	BlackRock Russell 2500 Index Fund	1,135,893		27,954,556
	BlackRock MSCI ACWI ex-US Index Fund	2,076,895		26,457,775
	BlackRock US Debt Index Fund	710,150		15,394,846
	EB US Mid Cap Opportunistic Value Fund	131		1,510
*	Principal/BlackRock Short-Term Investment Fund	10,948,996		10,948,996
	Total Collective Investment Funds			1,503,977,297
	Common Stock —			
	Akamai Technologies	25,000		2,107,500
	Asbury Automotive Group Inc	15,000		2,688,750
	Avery Dinnison Corp	15,000		2,715,000
	Booz Allen Hamilton Holding Co	25,000		2,613,000
	Charles River Laboratories	11,000		2,396,900
	Choice Hotels Intl Inc.	20,000		2,252,800
	Church & Dwight Inc	32,500		2,619,825
	Ciena Corp Usd 0.01	50,000		2,549,000
	Cooper Cos Inc Com New	7,500		2,480,025
	Copart Inc Com	52,000		3,166,280
	Deckers Outdoor Corp	8,500		3,392,860
	Diodes Inc	40,616		3,092,502

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	Emor Group Inc Com	17,500		2,591,925
	Entegris Inc	25,000		1,639,750
	First Republic Bank/San Francisco	17,500		2,133,075
	Floor & Decor Holdings Inc	32,500		2,262,975
	Horizon Therapeutics Public Limited Company	30,000		3,414,000
	Ilex Corp	13,500		3,082,455
	Keysight Technologies Inc	17,500		2,993,725
	Masco Corp	55,000		2,566,850
	Mccormick & Co Inc Non Voting	30,000		2,486,700
	Mettler-Toledo International Inc	2,000		2,890,900
	Monolithic Pwr Sys Inc	7,000		2,475,270
	Neurocrine Biosciences Inc Com	24,500		2,926,280
	Paycom Software Inc	8,000		2,482,480
	Pool Corporation	7,500		2,267,475
	Qualys Inc	17,500		1,964,025
	Raymond James Financial Inc	20,000		2,137,000
	Resmed Inc	14,000		2,913,820
	Saia Inc Com	12,000		2,516,160
	Skyworks Solutions Inc	25,000		2,278,250
	Sps Commerce Inc	22,600		2,902,518
	Steris Plc	14,000		2,585,660
	Sun Cmntys Inc Com	17,500		2,502,500
	Take-Two Interactive Software	17,500		1,822,275
	Teledyne Technologies Inc	7,000		2,799,370
	Trimble Inc	45,000		2,275,200
	Ulta Beauty, Inc	6,500		3,048,955
	West Pharmaceutical Services Inc	8,500		2,000,475
	Williams Sonoma Inc	20,000		2,298,400
	Total Common Stock			<u>102,332,910</u>
Ameriprise Financial Stock Fund —				
*	Ameriprise Financial, Inc. Common Shares	1,129,724		351,762,162
	Total Ameriprise Financial Stock Fund			<u>351,762,162</u>
*** Self-Directed Brokerage Account				<u>391,101,202</u>

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
*	Columbia Trust Gov Money Market Fund	41,308,305		41,308,305
	U.S. Government and Agency Securities —			
	FFCB 1.125% 01/16/2025	625,000		583,190
	FGOLD 15YR 4.000% 02/01/2025	713		697
	FGOLD 15YR 4.000% 02/01/2025	4,758		4,649
	FGOLD 15YR 4.000% 03/01/2025	1,061		1,037
	FGOLD 15YR 4.000% 06/01/2025	1,852		1,810
	FGOLD 15YR 4.000% 07/01/2025	2,136		2,086
	FGOLD 15YR 3.500% 08/01/2025	13,655		13,384
	FGOLD 15YR 4.000% 08/01/2025	14,717		14,378
	FGOLD 15YR 3.500% 09/01/2025	7,711		7,554
	FGOLD 15YR 3.500% 10/01/2025	815		798
	FGOLD 15YR 3.500% 10/01/2025	33,057		32,356
	FGOLD 15YR 3.500% 10/01/2025	5,697		5,573
	FGOLD 15YR 4.000% 10/01/2025	274		268
	FGOLD 15YR 4.000% 10/01/2025	1,697		1,658
	FGOLD 15YR 3.000% 11/01/2025	1,841		1,793
	FGOLD 15YR 3.000% 11/01/2025	687		669
	FGOLD 15YR 3.500% 11/01/2025	4,767		4,664
	FGOLD 15YR 3.500% 11/01/2025	25,149		24,616
	FGOLD 15YR 3.500% 12/01/2025	4,472		4,372
	FGOLD 15YR 3.500% 12/01/2025	65,408		63,991
	FGOLD 15YR 3.500% 12/01/2025	87		85
	FGOLD 15YR 3.500% 12/01/2025	1,806		1,766
	FGOLD 15YR 3.500% 12/01/2025	6,198		6,062
	FGOLD 15YR 3.500% 02/01/2026	2,558		2,498
	FGOLD 15YR 3.500% 03/01/2026	3,403		3,325
	FGOLD 15YR 3.500% 03/01/2026	7,385		7,258
	FGOLD 15YR 4.000% 03/01/2026	667		652
	FGOLD 15YR 3.500% 04/01/2026	9,570		9,335
	FGOLD 15YR 3.500% 05/01/2026	422		412
	FGOLD 15YR 4.000% 05/01/2026	11,891		11,617
	FGOLD 15YR 3.500% 06/01/2026	30,684		29,981
	FGOLD 15YR 4.000% 06/01/2026	9,645		9,423
	FGOLD 15YR 3.500% 07/01/2026	5,840		5,740
	FGOLD 15YR 3.500% 07/01/2026	5,248		5,120
	FGOLD 15YR 3.500% 07/01/2026	46,349		45,214
	FGOLD 15YR 3.500% 07/01/2026	3,555		3,477
	FGOLD 15YR 3.000% 08/01/2026	4,263		4,137
	FGOLD 15YR 3.500% 08/01/2026	1,553		1,514
	FGOLD 15YR 3.500% 08/01/2026	21,132		20,599
	FGOLD 15YR 3.500% 08/01/2026	11,467		11,190
	FGOLD 15YR 3.000% 09/01/2026	27,154		26,317

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FGOLD 15YR 3.500% 09/01/2026	959		943
	FGOLD 15YR 3.500% 09/01/2026	1,157		1,128
	FGOLD 15YR 3.500% 09/01/2026	2,652		2,582
	FGOLD 15YR 3.000% 10/01/2026	1,315		1,274
	FGOLD 15YR 3.000% 10/01/2026	3,086		2,992
	FGOLD 15YR 3.000% 11/01/2026	21,403		20,741
	FGOLD 15YR 3.000% 12/01/2026	76,528		74,083
	FGOLD 15YR 3.000% 01/01/2027	45,523		44,062
	FGOLD 15YR 3.000% 02/01/2027	13,413		12,984
	FGOLD 15YR 3.000% 03/01/2027	1,569		1,518
	FGOLD 15YR 3.000% 01/01/2032	73,717		70,449
	FGOLD 15YR 3.000% 01/01/2032	90,830		86,266
	FGOLD 15YR 3.000% 04/01/2032	289,920		277,063
	FGOLD 15YR 3.500% 05/01/2032	154,098		148,971
	FGOLD 15YR 3.000% 01/01/2033	127,690		120,075
	FGOLD 15YR 3.000% 03/01/2033	277,039		263,527
	FGOLD 15YR GIANT 5.000% 03/01/2025	7,144		7,192
	FGOLD 15YR GIANT 4.000% 05/01/2025	11,493		11,228
	FGOLD 15YR GIANT 4.000% 07/01/2025	4,628		4,521
	FGOLD 15YR GIANT 3.500% 11/01/2025	7,644		7,495
	FGOLD 15YR GIANT 3.500% 12/01/2025	855		836
	FGOLD 15YR GIANT 4.000% 12/01/2025	5,305		5,183
	FGOLD 15YR GIANT 3.500% 04/01/2026	7,478		7,313
	FGOLD 15YR GIANT 4.000% 05/01/2026	1,140		1,114
	FGOLD 15YR GIANT 3.500% 07/01/2026	7,571		7,385
	FGOLD 15YR GIANT 3.500% 07/01/2026	8,475		8,262
	FGOLD 15YR GIANT 4.000% 07/01/2026	9,887		9,659
	FGOLD 15YR GIANT 4.000% 07/01/2026	22,753		22,230
	FGOLD 15YR GIANT 3.500% 08/01/2026	4,852		4,731
	FGOLD 15YR GIANT 3.500% 09/01/2026	9,386		9,171
	FGOLD 15YR GIANT 3.000% 11/01/2026	65,765		63,721
	FGOLD 15YR GIANT 3.000% 12/01/2026	24,694		23,938
	FGOLD 15YR GIANT 4.000% 12/01/2026	23,195		22,662
	FGOLD 15YR GIANT 4.000% 12/01/2026	5,870		5,736
	FGOLD 15YR GIANT 3.000% 01/01/2027	1,696		1,640
	FGOLD 15YR GIANT 3.500% 01/01/2027	48,051		46,863
	FGOLD 15YR GIANT 3.000% 09/01/2027	6,532		6,323
	FGOLD 15YR GIANT 3.500% 06/01/2029	25,847		24,948
	FGOLD 15YR GIANT 3.500% 07/01/2029	77,518		74,752
	FGOLD 15YR GIANT 3.500% 08/01/2029	5,288		5,101
	FGOLD 15YR GIANT 3.500% 11/01/2029	8,254		7,966
	FGOLD 15YR GIANT 3.500% 11/01/2029	115,644		111,662
	FGOLD 15YR GIANT 3.500% 12/01/2029	164,423		158,547

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FGOLD 15YR GIANT 3.500% 03/01/2030	22,847		22,004
	FGOLD 15YR GIANT 3.500% 04/01/2030	51,736		50,580
	FGOLD 15YR GIANT 3.000% 07/01/2030	136,480		130,708
	FGOLD 15YR GIANT 3.000% 09/01/2030	120,340		115,252
	FGOLD 15YR GIANT 3.000% 10/01/2030	65,571		62,636
	FGOLD 15YR GIANT 3.000% 12/01/2030	242,892		232,020
	FGOLD 15YR GIANT 3.000% 02/01/2031	175,218		166,740
	FGOLD 15YR GIANT 3.000% 03/01/2031	121,400		116,261
	FGOLD 15YR GIANT 3.000% 05/01/2031	283,186		271,203
	FGOLD 15YR GIANT 3.000% 09/01/2031	172,602		165,291
	FGOLD 15YR GIANT 3.000% 01/01/2032	317,064		303,615
	FGOLD 15YR GIANT 3.000% 03/01/2032	528,345		505,946
	FGOLD 15YR GIANT 3.500% 08/01/2032	299,464		292,769
	FGOLD 15YR GIANT 3.000% 04/01/2033	8,162		7,676
	FGOLD 15YR GIANT 3.500% 08/01/2033	86,589		83,365
	FGOLD 15YR GIANT 3.500% 11/01/2033	9,250		8,905
	FGOLD 15YR GIANT 3.500% 12/01/2033	68,625		66,070
	FGOLD 15YR GIANT 3.500% 02/01/2034	94,067		90,567
	FHLB 5.375% 8/15/2024	3,150,000		3,175,975
	FHLB 2.750% 12/13/2024	2,625,000		2,530,532
	FHLB 2.375% 03/14/2025	2,325,000		2,214,586
	FHLB 2.125% 12/11/2026	3,525,000		3,252,860
	FHLMC 0.375% 09/23/2025	7,250,000		6,524,868
	FHLMC 15YR UMBS 3.000% 12/01/2034	342,600		321,535
	FHLMC 15YR UMBS 3.000% 12/01/2034	489,805		459,689
	FHLMC 15YR UMBS 2.000% 08/01/2035	1,520,306		1,355,665
	FHLMC 15YR UMBS 2.000% 08/01/2035	1,688,985		1,506,193
	FHLMC 15YR UMBS MIRROR 3.000% 03/01/2031	259,940		248,132
	FHLMC 15YR UMBS MIRROR 2.500% 07/01/2032	114,983		107,515
	FHLMC 15YR UMBS MIRROR 2.500% 11/01/2032	246,992		230,924
	FHLMC 15YR UMBS MIRROR 2.500% 05/01/2033	260,238		240,743
	FHLMC 15YR UMBS MIRROR 3.000% 04/01/2034	73,063		68,574
	FHLMC 15YR UMBS SUPER 3.000% 01/01/2034	160,447		150,698
	FHLMC 15YR UMBS SUPER 2.500% 08/01/2034	396,923		365,729
	FHLMC 15YR UMBS SUPER 2.500% 10/01/2034	63,854		58,833
	FHLMC 15YR UMBS SUPER 2.500% 12/01/2034	303,805		279,911
	FHLMC 15YR UMBS SUPER 2.000% 06/01/2035	357,951		320,347
	FHLMC 15YR UMBS SUPER 2.000% 09/01/2035	1,270,055		1,132,853
	FHLMC 15YR UMBS SUPER 2.000% 10/01/2035	1,346,998		1,201,461
	FHLMC 15YR UMBS SUPER 3.5000% 06/01/2037	886,040		847,587
	FHLMC 15YR UMBS SUPER 4.0000% 08/01/2037	37,269		36,373
	FHLMC 15YR UMBS SUPER 4.5000% 11/01/2037	462,767		459,721
	FHLMC 15YR UMBS SUPER 5.0000% 12/01/2037	1,217,500		1,224,419

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FHLMC 5/1 HYBRID ARM 3.8900% 12/01/2036 VARIABLE	16,419		16,450
	FHLMC REFERENCE NOTE 1.500% 02/12/2025	5,325,000		5,012,277
	FHLMC_K028 3.111% 02/25/2023	477,773		476,407
	FHLMC_K030 3.250% 04/25/2023	491,507		489,587
	FHLMC_K031 3.300% 04/25/2023	27,817		27,646
	FHLMC_K032 3.310% 05/25/2023	2,416,624		2,398,194
	FHLMC_K037 2.592% 04/25/2023	62,454		62,162
	FHLMC_K038 3.389% 03/25/2024	1,450,000		1,416,687
	FHLMC_K039 2.683% 12/25/2023	181,871		180,126
	FHLMC_K040 2.768% 04/25/2024	326,799		321,084
	FHLMC_K040 3.241% 09/25/2024	320,000		311,839
	FHLMC_K041 3.171% 10/25/2024	1,100,000		1,065,432
	FHLMC_K043 2.532% 10/25/2023	67,157		66,384
	FHLMC_K047 3.329% 05/25/2025	795,000		769,962
	FHLMC_K050 2.802% 01/25/2025	555,300		539,750
	FHLMC_K050 3.334% 08/25/2025	40,000		38,454
	FHLMC_K052 3.151% 11/25/2025	700,000		672,507
	FHLMC_K092 3.125% 10/25/2028	348,212		334,003
	FHLMC_K724 3.062% 11/25/2023	111,162		109,322
	FHLMC_K728 3.064% 08/25/2024	38,984		37,913
	FHLMC_K729 3.136% 10/25/2024	55,000		53,334
	FHLMC_K730 3.590% 01/25/2025	385,828		374,316
	FHLMC_K736 1.895% 06/25/2025	516,803		501,322
	FHLMC_T-13 6.085% 09/25/2029	31		30
	FHMS_17-K066 2.797% 12/25/2026	516,529		494,245
	FHMS_K053 2.995% 12/25/2025	555,000		530,547
	FNMA 2.625% 09/06/2024	2,875,000		2,789,045
	FNMA 0.625% 04/22/2025	10,275,000		9,422,085
	FNMA 15YR 5.000% 02/01/2023	98		98
	FNMA 15YR 5.000% 02/01/2023	162		164
	FNMA 15YR 4.500% 03/01/2023	52		52
	FNMA 15YR 5.000% 05/01/2023	397		399
	FNMA 15YR 5.000% 05/01/2023	801		806
	FNMA 15YR 5.000% 06/01/2023	1,378		1,385
	FNMA 15YR 5.000% 07/01/2023	975		980
	FNMA 15YR 5.000% 11/01/2023	1,102		1,116
	FNMA 15YR 5.000% 02/01/2024	3,854		3,876
	FNMA 15YR 5.000% 04/01/2024	243		244
	FNMA 15YR 4.500% 05/01/2024	163		162
	FNMA 15YR 4.500% 05/01/2024	2,597		2,592
	FNMA 15YR 4.000% 09/01/2024	9,119		8,900
	FNMA 15YR 4.500% 10/01/2024	6,707		6,695
	FNMA 15YR 4.500% 12/01/2024	4,610		4,602

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FNMA 15YR 4.000% 02/01/2025	50		49
	FNMA 15YR 4.500% 02/01/2025	12,472		12,437
	FNMA 15YR 4.000% 04/01/2025	2,161		2,109
	FNMA 15YR 4.000% 04/01/2025	2,249		2,195
	FNMA 15YR 4.500% 04/01/2025	2,162		2,157
	FNMA 15YR 4.000% 05/01/2025	10,951		10,688
	FNMA 15YR 4.000% 06/01/2025	19,757		19,282
	FNMA 15YR 4.000% 06/01/2025	1,707		1,666
	FNMA 15YR 4.000% 07/01/2025	1,916		1,870
	FNMA 15YR 4.500% 07/01/2025	429		428
	FNMA 15YR 5.000% 07/01/2025	3,429		3,449
	FNMA 15YR 3.500% 09/01/2025	9,622		9,411
	FNMA 15YR 4.000% 09/01/2025	6,116		5,969
	FNMA 15YR 4.000% 09/01/2025	578		564
	FNMA 15YR 3.500% 10/01/2025	26,682		26,196
	FNMA 15YR 3.500% 10/01/2025	4,471		4,374
	FNMA 15YR 3.500% 10/01/2025	233		227
	FNMA 15YR 3.500% 10/01/2025	15,693		15,350
	FNMA 15YR 3.500% 10/01/2025	51,119		50,002
	FNMA 15YR 3.500% 10/01/2025	34,012		33,252
	FNMA 15YR 3.500% 10/01/2025	51,376		50,253
	FNMA 15YR 3.500% 11/01/2025	448		440
	FNMA 15YR 3.500% 11/01/2025	26,254		25,776
	FNMA 15YR 3.500% 11/01/2025	2,641		2,581
	FNMA 15YR 3.500% 11/01/2025	27,186		26,580
	FNMA 15YR 3.500% 11/01/2025	2,619		2,560
	FNMA 15YR 3.500% 12/01/2025	6,614		6,460
	FNMA 15YR 3.500% 12/01/2025	6,030		5,920
	FNMA 15YR 3.500% 12/01/2025	12,381		12,091
	FNMA 15YR 3.500% 01/01/2026	14,252		13,921
	FNMA 15YR 3.500% 01/01/2026	1,543		1,506
	FNMA 15YR 3.500% 01/01/2026	1,069		1,050
	FNMA 15YR 3.500% 01/01/2026	12,237		11,953
	FNMA 15YR 3.500% 01/01/2026	22,972		22,430
	FNMA 15YR 3.500% 02/01/2026	6,080		5,938
	FNMA 15YR 3.500% 02/01/2026	254		248
	FNMA 15YR 3.500% 02/01/2026	14,625		14,286
	FNMA 15YR 3.500% 02/01/2026	3,942		3,852
	FNMA 15YR 3.500% 02/01/2026	34,955		34,115
	FNMA 15YR 3.500% 02/01/2026	47,866		46,736
	FNMA 15YR 4.000% 02/01/2026	4,380		4,275
	FNMA 15YR 3.500% 03/01/2026	3,911		3,815
	FNMA 15YR 3.500% 03/01/2026	100		98

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*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FNMA 15YR 3.500% 03/01/2026	79,531		77,612
	FNMA 15YR 3.500% 04/01/2026	231		225
	FNMA 15YR 3.500% 04/01/2026	4,705		4,591
	FNMA 15YR 3.500% 04/01/2026	20,286		19,785
	FNMA 15YR 3.500% 05/01/2026	2,994		2,920
	FNMA 15YR 3.500% 06/01/2026	881		865
	FNMA 15YR 3.500% 07/01/2026	1,327		1,292
	FNMA 15YR 3.500% 08/01/2026	9,486		9,243
	FNMA 15YR 3.500% 08/01/2026	1,113		1,084
	FNMA 15YR 3.500% 08/01/2026	8,998		8,802
	FNMA 15YR 4.000% 08/01/2026	2,505		2,445
	FNMA 15YR 3.500% 09/01/2026	4,265		4,156
	FNMA 15YR 3.500% 09/01/2026	5,429		5,288
	FNMA 15YR 3.500% 09/01/2026	34,845		34,204
	FNMA 15YR 3.500% 10/01/2026	130,783		127,390
	FNMA 15YR 3.500% 10/01/2026	9,395		9,109
	FNMA 15YR 3.500% 10/01/2026	49,163		47,871
	FNMA 15YR 3.500% 10/01/2026	318		312
	FNMA 15YR 3.500% 11/01/2026	280		275
	FNMA 15YR 3.500% 11/01/2026	7,016		6,887
	FNMA 15YR 3.500% 11/01/2026	75,973		73,868
	FNMA 15YR 4.000% 11/01/2026	20,973		20,469
	FNMA 15YR 3.500% 01/01/2027	38,976		37,911
	FNMA 15YR 3.500% 01/01/2027	11,452		11,182
	FNMA 15YR 3.500% 04/01/2027	7,438		7,222
	FNMA 15YR 3.500% 06/01/2027	152		150
	FNMA 15YR 3.500% 06/01/2027	21,363		20,974
	FNMA 15YR 3.500% 08/01/2027	23,310		22,610
	FNMA 15YR 4.000% 09/01/2027	7,649		7,465
	FNMA 15YR 3.500% 09/01/2028	5,828		5,721
	FNMA 15YR 3.500% 10/01/2028	59,793		57,739
	FNMA 15YR 3.500% 11/01/2028	61,399		60,260
	FNMA 15YR 3.500% 12/01/2028	41,912		41,137
	FNMA 15YR 3.500% 12/01/2028	5,880		5,683
	FNMA 15YR 3.500% 01/01/2029	2,337		2,260
	FNMA 15YR 4.000% 01/01/2029	17,037		16,779
	FNMA 15YR 4.000% 01/01/2029	17,037		16,779
	FNMA 15YR 4.000% 01/01/2029	17,037		16,779
	FNMA 15YR 4.000% 01/01/2029	17,037		16,779
	FNMA 15YR 3.000% 02/01/2029	169,587		162,384
	FNMA 15YR 3.500% 02/01/2029	4,821		4,658
	FNMA 15YR 3.500% 02/01/2029	103,423		99,892
	FNMA 15YR 3.500% 06/01/2029	51,036		49,184

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FNMA 15YR 3.500% 07/01/2029	56,747		55,609
	FNMA 15YR 3.500% 07/01/2029	19,721		19,032
	FNMA 15YR 3.500% 08/01/2029	113,474		109,279
	FNMA 15YR 3.500% 08/01/2029	136,678		131,806
	FNMA 15YR 3.000% 09/01/2029	55,265		53,144
	FNMA 15YR 3.500% 09/01/2029	219,912		212,229
	FNMA 15YR 3.500% 09/01/2029	79,692		77,248
	FNMA 15YR 3.500% 10/01/2029	27,456		26,625
	FNMA 15YR 3.500% 12/01/2029	12,784		12,303
	FNMA 15YR 3.000% 01/01/2030	43,972		42,282
	FNMA 15YR 3.500% 01/01/2030	101,885		98,249
	FNMA 15YR 3.000% 02/01/2030	122,931		117,899
	FNMA 15YR 3.500% 02/01/2030	59,743		57,908
	FNMA 15YR 3.500% 04/01/2030	36,973		36,288
	FNMA 15YR 3.500% 04/01/2030	35,885		35,041
	FNMA 15YR 3.000% 06/01/2030	170,863		163,458
	FNMA 15YR 3.500% 06/01/2030	64,200		63,149
	FNMA 15YR 3.000% 07/01/2030	32,150		30,754
	FNMA 15YR 3.000% 10/01/2030	125,046		119,616
	FNMA 15YR 3.000% 10/01/2030	145,231		138,850
	FNMA 15YR 3.000% 10/01/2030	144,392		138,136
	FNMA 15YR 3.000% 11/01/2030	83,961		80,118
	FNMA 15YR 3.000% 01/01/2031	86,045		82,123
	FNMA 15YR 3.000% 02/01/2031	13,872		13,270
	FNMA 15YR 3.000% 02/01/2031	210,532		200,779
	FNMA 15YR 3.000% 02/01/2031	204,655		195,786
	FNMA 15YR 3.500% 02/01/2031	91,124		88,740
	FNMA 15YR 3.000% 03/01/2031	419,442		400,448
	FNMA 15YR 3.000% 03/01/2031	29,547		28,209
	FNMA 15YR 3.000% 04/01/2031	65,669		62,815
	FNMA 15YR 3.000% 04/01/2031	9,686		9,265
	FNMA 15YR 3.000% 04/01/2031	140,758		134,656
	FNMA 15YR 3.000% 05/01/2031	119,657		114,462
	FNMA 15YR 3.000% 08/01/2031	5,624		5,380
	FNMA 15YR 3.000% 09/01/2031	267,371		255,778
	FNMA 15YR 3.000% 10/01/2031	76,966		73,618
	FNMA 15YR 3.000% 11/01/2031	314,619		300,960
	FNMA 15YR 3.000% 11/01/2031	177,801		170,080
	FNMA 15YR 3.000% 01/01/2032	202,281		193,495
	FNMA 15YR 3.500% 02/01/2032	129,280		126,241
	FNMA 15YR 3.000% 04/01/2032	148,797		141,371
	FNMA 15YR 3.000% 06/01/2032	86,676		82,361
	FNMA 15YR 3.000% 07/01/2032	167,408		159,073

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*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FNMA 15YR 3.000% 07/01/2032	174,631		166,193
	FNMA 15YR 3.500% 08/01/2032	141,666		138,343
	FNMA 15YR 3.000% 09/01/2032	659,008		626,192
	FNMA 15YR 3.500% 12/01/2032	236,909		228,591
	FNMA 15YR 3.000% 01/01/2033	363,193		345,080
	FNMA 15YR 2.500% 02/01/2033	506,844		473,907
	FNMA 15YR 3.000% 03/01/2033	107,523		102,155
	FNMA 15YR 3.500% 08/01/2033	56,292		54,132
	FNMA 15YR 3.000% 09/01/2033	230,000		216,052
	FNMA 15YR 3.500% 09/01/2033	368,808		354,715
	FNMA 15YR 3.000% 11/01/2033	302,267		283,811
	FNMA 15YR 3.000% 11/01/2033	177,583		166,802
	FNMA 15YR 3.000% 01/01/2034	355,085		333,530
	FNMA 15YR 3.500% 01/01/2034	202,489		194,627
	FNMA 15YR 3.000% 02/01/2034	127,833		119,961
	FNMA 15YR 3.500% 02/01/2034	16,613		15,977
	FNMA 15YR 3.500% 04/01/2034	184,330		177,170
	FNMA 15YR 3.000% 06/01/2034	159,711		149,909
	FNMA 30YR 7.000% 07/01/2028	3,283		3,274
	FNMA 30YR 6.000% 11/01/2028	4,885		4,969
	FNMA 30YR 6.500% 04/01/2032	6,162		6,313
	FNMA 30YR 6.500% 04/01/2032	3,110		3,188
	FNMA 10/1 HYBRID ARM 4.069% 12/01/2033 VARIABLE	336		334
	FNMA 10/1 HYBRID ARM 3.710% 10/01/2034 VARIABLE	1,024		1,020
	FNMA 15YR UMBS 3.000% 07/01/2034	227,813		213,820
	FNMA 15YR UMBS 2.500% 08/01/2034	283,180		260,726
	FNMA 15YR UMBS 3.000% 08/01/2034	18,577		17,438
	FNMA 15YR UMBS 2.500% 09/01/2034	98,159		90,442
	FNMA 15YR UMBS 2.500% 10/01/2034	540,550		498,027
	FNMA 15YR UMBS 2.500% 12/01/2034	199,533		183,822
	FNMA 15YR UMBS 3.000% 12/01/2034	411,431		386,167
	FNMA 15YR UMBS 2.500% 02/01/2035	272,260		250,845
	FNMA 15YR UMBS 2.000% 05/01/2035	1,100,819		985,229
	FNMA 15YR UMBS 2.500% 05/01/2035	991,448		907,336
	FNMA 15YR UMBS 2.000% 07/01/2035	1,023,975		913,386
	FNMA 15YR UMBS 2.000% 08/01/2035	1,365,025		1,217,577
	FNMA 15YR UMBS 4.000% 08/01/2037	947,821		925,041
	FNMA 15YR UMBS 4.500% 11/01/2037	466,560		463,490
	FNMA 15YR UMBS 5.000% 11/01/2037	106,302		107,171
	FNMA 15YR UMBS 4.500% 12/01/2037	473,538		470,422
	FNMA 15YR UMBS 5.000% 12/01/2037	524,251		527,238
	FNMA 15YR UMBS SUPER 2.000% 09/01/2035	1,571,389		1,401,634
	FNMA 15YR UMBS SUPER 2.000% 10/01/2035	1,681,462		1,499,792

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

Ameriprise Financial 401(k) Plan
Schedule H, Line 4i — Schedule of Assets (Held at End of Year) (continued)
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Shares/Units or Face Amount	(d) Cost**	(e) Current Value
	FNMA 15YR UMBS SUPER 2.500% 04/01/2037	1,594,806		1,459,213
	FNMA 15YR UMBS SUPER 4.000% 09/01/2037	704,714		687,777
	FNMA 6M LIBOR ARM 3.165% 11/01/2032 VARIABLE	4,521		4,429
	FNMA 6M LIBOR ARM 3.665% 12/01/2032 VARIABLE	13,315		13,018
	FNMA 6M LIBOR ARM 3.157% 03/01/2034 VARIABLE	14,215		14,076
	FNMA 6M LIBOR ARM 3.917% 09/01/2035 VARIABLE	22,586		22,491
	FNMA 7/1 HYBRID ARM 3.918% 01/01/2034 VARIABLE	5,999		5,878
	FNMA 7/1 HYBRID ARM 4.245% 03/01/2036 VARIABLE	2,676		2,680
	FNMA BENCHMARK NOTE 0.500% 11/07/2025	175,000		157,289
	FNMA MEGA 15YR REMIC-BACKED 3.500% 11/01/2025	43,683		42,887
	FNMA_03-W11 4.720% 06/25/2033 VARIABLE	98		99
	U.S. TREASURY NOTE 0.250% 06/30/2025	12,025,000		10,892,020
	U.S. TREASURY NOTE 0.375% 09/30/2027	20,275,000		17,095,943
	UMBS 15YR TBA (REG B) 2.000% 01/17/2038	1,925,000		1,711,766
	UMBS 15YR TBA (REG B) 2.500% 01/17/2038	425,000		388,823
	UMBS 15YR TBA (REG B) 3.000% 01/17/2038	12,900,000		12,081,412
	UMBS 15YR TBA (REG B) 3.500% 01/17/2038	20,750,000		19,849,162
	UMBS 15YR TBA (REG B) 4.000% 01/17/2038	1,550,000		1,510,701
	UMBS 15YR TBA (REG B) 4.500% 01/17/2038	2,450,000		2,433,280
	Total investment contracts			193,760,444
	Total fully benefit-responsive investment contracts			193,760,444
* Loans to Participants —				
	Various Loans, 3.25% — 9.5% due through 2052			27,590,582
	Less: Deemed distributions			(188,247)
	Net participant loans			27,402,335
	Assets Held at End of Year per Form 5500			\$ 2,700,603,296

* Indicates Party-in-interest

** Cost information not required for participant-directed investments

*** The Self-Directed Brokerage Account includes Party-in-interest investment options

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Employee Benefits Administration Committee has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

AMERIPRISE FINANCIAL, INC.

(Registrant)

Date: June 22, 2023

By /s/ Michelle Rudlong

Michelle Rudlong

Delegate

Employee Benefits Administration Committee

EXHIBIT INDEX

Exhibit	Description
23	Consent of PricewaterhouseCoopers LLP, Independent Registered Public Accounting Firm.

Plan Name	AMERIPRISE FINANCIAL 401(K) PLAN
Plan Sponsor EIN	13-3180631
ERISA Plan No.	001
Plan Year End	12/31/2022

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)